

EXAMPLE #1 OF A WRITTEN EMPLOYEE HEALTH POLICY

Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (*such as boils and infected wounds, however small*).

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. *Salmonella* Typhi (typhoid fever)
3. *Shigella* spp. infection
4. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

Note: The **manager must report to the Health Department** when an employee has one of these illnesses.

Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, or Hepatitis A.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded*** or **restricted**** from work.

**If you are excluded from work you are not allowed to come to work.*

***If you are restricted from work you are allowed to come to work, but your duties may be limited.*

Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until **more than 24 hours have passed** since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, *Salmonella* Typhii (typhoid fever), *Shigella* spp. infection, *E. coli* infection, and/or Hepatitis A, you will not be able to return to work until **Health Department approval** is granted.

Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (please print) _____

Signature of Employee _____ Date _____

Manager (Person-in-Charge) Name (please print) _____

Signature of Manager (Person-in-Charge) _____ Date _____

EXAMPLE #2 OF A WRITTEN EMPLOYEE HEALTH POLICY

PURPOSE

The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees notify the Owner/General Manager, or other "person-in-charge" (PIC) when you experience any of the conditions listed so that appropriate steps are taken to preclude transmission of foodborne illness or communicable diseases.

POLICY

The _____ is committed to ensuring the health, safety and well being of our employees and customers and complying with all health department regulations. All food employees shall report if they are experiencing any of the following symptoms to their PIC:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions (such as boils and infected wounds, regardless of size) containing pus on the fingers, hand or any exposed body part

Food employees should also notify their PIC whenever diagnosed by a healthcare provider as being ill with any of the following diseases that can be transmitted through food or person-to-person by casual contact such as:

- | | |
|---------------------|---------------------------|
| 7. Salmonellosis | 10. Hepatitis A virus, or |
| 8. Shigellosis | 11. Norovirus |
| 9. Escherichia coli | |

In addition to the above conditions, food employees shall notify their PIC if they have been exposed to the following high-risk conditions:

12. Exposure to or suspicion of causing any confirmed outbreak involving the above illnesses
13. A member of their household is diagnosed with any of the above illnesses
14. A member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses

FOOD EMPLOYEE RESPONSIBILITY

All food employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All food employees subject to the required work restrictions or exclusions that are imposed upon them as specified in Indiana law, the regulatory authority or PIC, shall comply with these requirements as well as follow good hygienic practices at all times.

PIC RESPONSIBILITY

The PIC shall take appropriate action as specified in Montana State Department of Public Health Rule 37.110.262 (2-201.12) to exclude, restrict and/or monitor food employees who have reported any of the aforementioned conditions. The PIC shall ensure these actions are followed and only release the ill food employee once evidence, as specified in the food code, is presented demonstrating the person is free of the disease causing agent or the condition has otherwise resolved.

The PIC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and adhere to all recommendations provided to stop the outbreak from continuing. The PIC will ensure that all food employees who have been conditionally employed, or who are employed, complete the food employee health questionnaire and sign the form acknowledging their awareness of this policy. The PIC will continue to promote and reinforce awareness of this policy to all food employees on a regular basis to ensure it is being followed.

EXAMPLE #3 OF A WRITTEN EMPLOYEE HEALTH POLICY

Employee Health Policy Documents Note:

All Employee Health Policy documents and references pertain to both **Food Employees**¹ and **Conditional Employees**².

The Employee Health Policy Agreement to be signed annually for all employees

¹**"Food employee"** means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces.

²**"Conditional employee"** means a potential FOOD EMPLOYEE to whom a job offer is made, conditional on responses to subsequent medical questions or examinations designed to identify potential FOOD EMPLOYEES who may be suffering from a disease that can be transmitted through FOOD and done in compliance with Title 1 of the Americans with Disabilities Act of 1990.

PURPOSE

The purpose of the Food Employee Health Policy is to ensure that all food employees or conditional employees notify the Manager or person-in-charge (PIC) when the employee experiences any of the conditions listed so that appropriate steps are taken to avoid transmission of foodborne illness or communicable diseases.

POLICY

The _____ is committed to ensuring the health, safety and well being of our employees and customers and complying with all health department regulations.

All food employees shall report:

Symptoms of:

- Diarrhea
- Vomiting
- Jaundice (yellowing of the skin and/or eyes)
- Sore throat with fever
- Infected cuts or wounds, or lesions containing pus on the hand, wrist, and exposed body part (such as boils and infected wounds, however small).

Note: Diarrhea and vomiting from noninfectious conditions do not apply to this policy; however, a physician should make the diagnosis of the noninfectious condition causing the diarrhea and vomiting and the employee should provide written documentation to the manager or PIC that the condition is noninfectious.

Diagnosis of:

4. Norovirus
5. Salmonella Typhi (typhoid fever)
6. Shigella spp. infection
7. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
8. Hepatitis A

Note: The **manager or PIC must report to the Health Department** when an employee has one of these illnesses.

Exposure to:

1. An outbreak of Norovirus, Salmonella Typhi (typhoid fever), Shigella spp. infection, E. coli infection, or Hepatitis A.
3. Caring for someone who has been diagnosed with Norovirus, Salmonella Typhi (typhoid fever), Shigella spp. infection, E. coli infection, or Hepatitis A.
4. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A virus.

FOOD EMPLOYEE RESPONSIBILITY

All food employees/conditional employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All food employees/conditional employees subject to the required work restrictions or exclusions that are imposed upon them as specified by the Montana Administrative Rules for Food Service (ARM), shall comply with these requirements as well as follow good hygienic practices at all times. The employee will participate in training on the Employee Health Policy and will sign the Employee Health Policy Agreement annually.

Person In Charge (PIC) RESPONSIBILITY

The PIC shall take appropriate actions as specified in the ARM to exclude, restrict and/or monitor food employees who have reported any of the aforementioned conditions. The PIC shall ensure these actions are followed and only release the ill food employee once evidence, as specified in the Food Code, is presented demonstrating the person is free of the disease causing agent or the condition has otherwise resolved. The PIC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and

adhere to all recommendations provided to stop the outbreak from continuing. The PIC will ensure that all food employees who have been conditionally employed, or who are employed, complete the food employee health agreement and sign the form acknowledging their awareness of this policy. The PIC will continue to promote and reinforce awareness of this policy to all food employees on a regular basis to ensure it is being followed. In addition, the PIC will train employees annually on the Employee Health Policy and obtain signed copies of the Employee Health Policy

Agreement. The PIC will maintain the Employee Illness Log contained in the HACCP Plan Section 2-6: Monitoring on an as needed basis.

Example

Food Employee/Conditional Employee Health Policy Agreement

Reporting: Symptoms of Illness

I agree to report to the manager or Person in Charge (PIC) when I have:

Diarrhea

Vomiting

Jaundice (yellowing of the skin and/or eyes)

Sore throat with fever

Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

Note: Diarrhea and vomiting from noninfectious conditions do not apply to this policy; however, a physician should make the diagnosis of the noninfectious condition causing the diarrhea and vomiting and the employee should provide written documentation to the manager or PIC that the condition is noninfectious.

Reporting: Diagnosed "Big Five" Illnesses

I agree to report to the manager or PIC when I have been diagnosed with:

Norovirus

Salmonella Typhi (typhoid fever)

Shigella spp. infection

E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)

Hepatitis A

Note: The **manager or PIC must report to the Health Department** when an employee has one of these illnesses.

Reporting: Exposure of "Big Five" Illnesses

I agree to report to the manager or PIC when I have been exposed to any of the illnesses listed above through:

An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

Caring for someone who has been diagnosed with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or hepatitis A.

A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A virus.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded*** or **restricted**** from work.

* If you are excluded from work you are not allowed to come to work.

** If you are restricted from work you are allowed to come to work, but your duties may be limited.

Returning to Work

If you are excluded from work for having symptoms of diarrhea and/or vomiting, you will not be able to return to work until **24 hours have passed** since your last episode of diarrhea and/or vomiting or you provide medical documentation from a physician.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhii (typhoid fever), Shigella spp. infection, E. coli infection, and/or Hepatitis A virus, you will not be able to return to work until **medical documentation from a physician is provided**.

If you are excluded from work for having been exposed to Norovirus, Salmonella Typhii (typhoid fever), Shigella spp. Infection, E. coli infection, and/or Hepatitis A virus, you will not be able to return to work until the following post-exposure times: 48 hours for Norovirus; 3 days for E. coli or Shigella; 14 days for Salmonella Typhii; and 30 days for Hepatitis A virus or if cleared after a 1gg vaccination.

Agreement

I understand that I must:

Sign this agreement annually.

Report when I have or have been exposed to any of the symptoms or illnesses listed above; and

Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Employee Name (printed)	Employee Signature	Date
Manager/PIC Name (printed)	Manager/PIC Signature	Date